

MAINE JUDICIAL BRANCH

DISTRICT COURT

Location (Town): _____

Docket No. _____

Plaintiff

V.

Defendant

STATEMENT OF CLAIM

(Small Claims)

M.R.S.C.P. 3(a)

Is the plaintiff regularly engaged in the business of purchasing charged-off consumer debt for collection purposes, whether the plaintiff collects the debts or hires a 3rd party to collect the debts? ☐ Yes ☐ No

Is the plaintiff's principal purpose of business the collection of debts? ☐ Yes ☐ No

Does the plaintiff regularly collect or attempt to collect, directly or indirectly, debts owed or due or asserted to be owed or due another? ☐ Yes ☐ No

Is the attorney representing the plaintiff one whose principal activities include collecting debts as an attorney on behalf of and in the name of clients? ☐ Yes ☐ No

Is the plaintiff or the attorney representing the plaintiff a "debt collector" as defined by Title 32 M.R.S. § 11002(6) or "debt buyer" as defined by Title 32 M.R.S. § 11002(5-A)? ☐ Yes ☐ No

If you answered "Yes" to any of the questions above, you will pay the filing fee and surcharge imposed pursuant to Title 4 M.R.S. § 18-A(3-A)(C) for an action brought by a debt collector.

Briefly describe your claim, including relevant dates:

The plaintiff requests a judgment against the defendant in the amount of \$ _____
plus costs. *If you are asking for an order to repair or return property, to refund money, or to amend or cancel an agreement, state that request here:*

ADA Notice: The Maine Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation contact the Court Access Coordinator, accessibility@courts.maine.gov, or a court clerk.

Language Services: For language assistance and interpreters, contact a court clerk or interpreters@courts.maine.gov.

MAINE JUDICIAL BRANCH

Date (mm/dd/yyyy): _____

_____
SignatureIs the person signing this Statement of Claim an attorney representing the plaintiff in this action? ☐ Yes ☐ No

If the answer is "yes," all notices and communications from the court will be sent to the attorney. If the answer is "no," all notices and communications from the court will be sent to the filing party.

Attorney for Plaintiff: _____

Attorney's Mailing Address: _____

Attorney's Telephone: _____

Attorney's Email: _____

Plaintiff's Mailing Address: _____

Plaintiff's Telephone: _____

Plaintiff's Email: _____

Defendant's Mailing Address: _____

Defendant's Telephone: _____

Defendant's Email: _____

IMPORTANT NOTICE TO PARTIES: You will be notified by the clerk of the court of the hearing date and time for this case. The notice of hearing will be sent to you by regular mail at the address listed above, unless you notify the clerk of a different address. If the address listed on this form is incorrect or has changed, you **MUST** notify the clerk in writing to be sure you get the notice. **If the plaintiff fails to appear at the hearing, the case will be dismissed. If the defendant fails to appear, a default judgment may be entered against the defendant for the relief asked for by the plaintiff.**

The address of the court where your hearing will take place is:

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MAINE JUDICIAL BRANCH

_____ County

I have this day made service of the Statement of Claim upon the defendant _____

☐ by delivering a copy of the Statement of Claim to the defendant in hand at _____

☐ by leaving a copy of the Statement with _____, a person of suitable age and discretion at the defendant's dwelling house or usual place of abode located at _____

Date: _____

Deputy Sheriff (Signature)

Printed Name

Service:

Travel:	\$ _____
Postage:	\$ _____
Total:	\$ _____

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